

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SJ		11-30-01
O.I.P.E. CLASSIFIER	PS		12/18/01
FORMALITY REVIEW	SA	JL1039	
RESPONSE FORMALITY REVIEW			

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### INDEX OF CLAIMS

- |                        |            |   |              |
|------------------------|------------|---|--------------|
| ✓                      | Rejected   | N | Non-elected  |
| =                      | Allowed    | I | Interference |
| — (Through numeral)... | Canceled   | A | Appeal       |
| ÷                      | Restricted | O | Objected     |

Claim	Date
Final Original	03/05/01
1	15/04/01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	N
25	N
26	N
27	N
28	N
29	N
30	N
31	N
32	N
33	N
34	N
35	N
36	N
37	N
38	N
39	N
40	N
41	✓
42	✓
43	N
44	N
45	N
46	N
47	N
48	N
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Claim	Date
Final Original	
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here